

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|                                                                 |  |                       |                                         |                               |  |                             |                                          |                   |  |                   |  |                           |  |
|-----------------------------------------------------------------|--|-----------------------|-----------------------------------------|-------------------------------|--|-----------------------------|------------------------------------------|-------------------|--|-------------------|--|---------------------------|--|
| Name of Committee in Full<br><b>Committee for Cindy Lazarus</b> |  |                       |                                         |                               |  |                             |                                          |                   |  |                   |  |                           |  |
| Full Name of Contributor<br><b>Doral Chenoweth</b>              |  |                       |                                         |                               |  | Registration Number, if PAC |                                          |                   |  |                   |  |                           |  |
| Street Address<br><b>3066 Rightmire Blvd.</b>                   |  |                       | Employer/Occupation/Labor Organization* |                               |  |                             | Form (Cash, Check, etc.)<br><b>Check</b> |                   |  |                   |  |                           |  |
| City<br><b>Columbus</b>                                         |  | State<br><b>O   H</b> |                                         | Zip Code<br><b>43221</b>      |  | M<br><b>0   1</b>           |                                          | D<br><b>1   8</b> |  | Y<br><b>0   8</b> |  | Amount<br><b>80.00</b>    |  |
| Full Name of Contributor<br><b>Sara Jo Kobacker</b>             |  |                       |                                         |                               |  | Registration Number, if PAC |                                          |                   |  |                   |  |                           |  |
| Street Address<br><b>PO Box 27305</b>                           |  |                       | Employer/Occupation/Labor Organization* |                               |  |                             | Form (Cash, Check, etc.)<br><b>Check</b> |                   |  |                   |  |                           |  |
| City<br><b>Columbus</b>                                         |  | State<br><b>O   H</b> |                                         | Zip Code<br><b>43227-0305</b> |  | M<br><b>0   1</b>           |                                          | D<br><b>1   8</b> |  | Y<br><b>0   8</b> |  | Amount<br><b>1,000.00</b> |  |
| Full Name of Contributor<br><b>Thomas E. Hoaglin</b>            |  |                       |                                         |                               |  | Registration Number, if PAC |                                          |                   |  |                   |  |                           |  |
| Street Address<br><b>43 Preston Road</b>                        |  |                       | Employer/Occupation/Labor Organization* |                               |  |                             | Form (Cash, Check, etc.)<br><b>Check</b> |                   |  |                   |  |                           |  |
| City<br><b>Columbus</b>                                         |  | State<br><b>O   H</b> |                                         | Zip Code<br><b>43209</b>      |  | M<br><b>0   1</b>           |                                          | D<br><b>1   8</b> |  | Y<br><b>0   8</b> |  | Amount<br><b>2,000.00</b> |  |
| Full Name of Contributor<br><b>Stephen Keyes</b>                |  |                       |                                         |                               |  | Registration Number, if PAC |                                          |                   |  |                   |  |                           |  |
| Street Address<br><b>206 N. Drexel Ave.</b>                     |  |                       | Employer/Occupation/Labor Organization* |                               |  |                             | Form (Cash, Check, etc.)<br><b>Check</b> |                   |  |                   |  |                           |  |
| City<br><b>Columbus</b>                                         |  | State<br><b>O   H</b> |                                         | Zip Code<br><b>43209</b>      |  | M<br><b>0   1</b>           |                                          | D<br><b>1   8</b> |  | Y<br><b>0   8</b> |  | Amount<br><b>250.00</b>   |  |
| Full Name of Contributor<br><b>Bradley N. Frick</b>             |  |                       |                                         |                               |  | Registration Number, if PAC |                                          |                   |  |                   |  |                           |  |
| Street Address<br><b>1265 Neil Avenue</b>                       |  |                       | Employer/Occupation/Labor Organization* |                               |  |                             | Form (Cash, Check, etc.)<br><b>Check</b> |                   |  |                   |  |                           |  |
| City<br><b>Columbus</b>                                         |  | State<br><b>O   H</b> |                                         | Zip Code<br><b>43201</b>      |  | M<br><b>0   1</b>           |                                          | D<br><b>1   8</b> |  | Y<br><b>0   8</b> |  | Amount<br><b>1,000.00</b> |  |
| Full Name of Contributor<br><b>Jeffrey A. Coopersmith</b>       |  |                       |                                         |                               |  | Registration Number, if PAC |                                          |                   |  |                   |  |                           |  |
| Street Address<br><b>260 S. Parkview Ave.</b>                   |  |                       | Employer/Occupation/Labor Organization* |                               |  |                             | Form (Cash, Check, etc.)<br><b>check</b> |                   |  |                   |  |                           |  |
| City<br><b>Columbus</b>                                         |  | State<br><b>O   H</b> |                                         | Zip Code<br><b>43209</b>      |  | M<br><b>0   1</b>           |                                          | D<br><b>2   5</b> |  | Y<br><b>0   8</b> |  | Amount<br><b>2,000.00</b> |  |
| Full Name of Contributor<br><b>Phil S. Bradford III</b>         |  |                       |                                         |                               |  | Registration Number, if PAC |                                          |                   |  |                   |  |                           |  |
| Street Address<br><b>4520 Benderton Court</b>                   |  |                       | Employer/Occupation/Labor Organization* |                               |  |                             | Form (Cash, Check, etc.)<br><b>check</b> |                   |  |                   |  |                           |  |
| City<br><b>Columbus</b>                                         |  | State<br><b>O   H</b> |                                         | Zip Code<br><b>43220</b>      |  | M<br><b>0   1</b>           |                                          | D<br><b>2   5</b> |  | Y<br><b>0   8</b> |  | Amount<br><b>150.00</b>   |  |
| Full Name of Contributor<br><b>Sheryl Williams</b>              |  |                       |                                         |                               |  | Registration Number, if PAC |                                          |                   |  |                   |  |                           |  |
| Street Address<br><b>658 Bugle Ct.</b>                          |  |                       | Employer/Occupation/Labor Organization* |                               |  |                             | Form (Cash, Check, etc.)<br><b>Check</b> |                   |  |                   |  |                           |  |
| City<br><b>Gahanna</b>                                          |  | State<br><b>O   H</b> |                                         | Zip Code<br><b>43220</b>      |  | M<br><b>0   1</b>           |                                          | D<br><b>2   5</b> |  | Y<br><b>0   8</b> |  | Amount<br><b>25.00</b>    |  |

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ **6,505.00**